

Nurturing Families Network Group Exit Status Form

The purpose of this questionnaire is to acquire information on families who leave the Nurturing Parenting Group. The supervisor or group facilitator should complete this form only if a family leaves the group before graduation. Please circle only one answer for each question.

ID# _____

Last session attended: ____/____/____

1. Please indicate the reason why the family terminated services:

- | | |
|---|--|
| <input type="checkbox"/> Family refused further services | <input type="checkbox"/> Family was non-compliant |
| <input type="checkbox"/> Family was not appropriate for the program | <input type="checkbox"/> Family moved |
| <input type="checkbox"/> Baby removed from home by DCF | <input type="checkbox"/> No time for group |
| <input type="checkbox"/> Left without explanation | <input type="checkbox"/> Other family member did not approve of services |
| <input type="checkbox"/> Other (Please specify _____) | |

2. How would you describe the attitude of the caregiver(s) at the end of services?

- | | |
|---|---|
| <input type="checkbox"/> Unwilling, hostile | <input type="checkbox"/> Reluctant, minimally compliant |
| <input type="checkbox"/> Willing, readily accepting | <input type="checkbox"/> Don't know |

3. At the end of services, to what degree did the caregiver(s) understand the relationship between circumstances in his/her life and potential harm to his/her child(ren)?

- ☐ Denied or failed to understand this relationship
☐ Partially understood or tended to minimize this relationship
☐ Fully understood and acknowledged this relationship
☐ Don't know

4. At the end of services, to what degree did the caregiver(s) view the program services as helping him/her to better care for his/her children?

- ☐ Denied or failed to understand utility of services
☐ Partially understood utility of services
☐ Fully understood and acknowledged utility of services
☐ Don't know

5. How motivated has this caregiver(s) been to change him/herself so that abuse/neglect does not occur?

- ☐ Less motivated than most other caregivers
☐ About as motivated as most other caregivers
☐ More motivated than most other caregivers ☐ Don't know

6. To what extent do you believe the family benefited from services?

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Benefited greatly | <input type="checkbox"/> Benefited somewhat | |
| <input type="checkbox"/> Benefited very little | <input type="checkbox"/> Did not benefit at all | <input type="checkbox"/> Don't know |

Exit Notes: _____

